

PTO/SB/21 (09-04)

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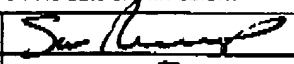
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| | | | |
|---|----|------------------------|------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | | Application Number | 10/687,290 |
| | | Filing Date | October 15, 2003 |
| | | First Named Inventor | Osorio et al. |
| | | Art Unit | 3762 |
| | | Examiner Name | Darin Roberts |
| Total Number of Pages In This Submission | 17 | Attorney Docket Number | 011738.00134 |

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| ENCLOSURES (check all that apply) | | |
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| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance: Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fax Cover Sheet |
| Remarks The Commissioner is authorized to charge any fees in connection with this correspondence to Deposit Account No. 19-0733. | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|---|----------|--------|
| Firm | Banner & Witcoff, Ltd. | | |
| Signature |  | | |
| Printed Name | Binal J. Patel | | |
| Date | May 26, 2006 | Reg. No. | 42,065 |

| CERTIFICATE OF TRANSMISSION/MAILING | | | |
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| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. | | | |
| Signature |  | | |
| Typed or printed name | SAM RODGERS | Date | 5-26-06 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE

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Effective on 12/09/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL
for FY 2006**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 1,000.00**Complete If Known**

| | |
|----------------------|------------------|
| Application Number | 10/687,290 |
| Filing Date | October 15, 2003 |
| First Named Inventor | Osorio, et al. |
| Examiner Name | Darin Roberts |
| Art Unit | 3762 |
| Attorney Docket No. | 011738.00134 |

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METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : _____☒ Deposit Account Deposit Account Number: 19-0733 Deposit Account Name: Banner & Witcoff, LTD.

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Under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | _____ |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | _____ |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | _____ |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | _____ |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | _____ |

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Small Entity

Fee (\$) Fee (\$)

Each independent claim over 3 (including Reissues)

50 25

Multiple dependent claims

200 100

Total Claims**Extra Claims****Fee (\$)****Fee Paid (\$)****Multiple Dependent Claims**_____ - 20 or HP= 0 x 50 = _____**Fee (\$)** **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims**Extra Claims****Fee (\$)****Fee Paid (\$)**_____ - 3 or HP= 5 x 200 = 1000.00

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).


| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|---|----------|---------------|
| _____ | _____ | _____ / 50 = _____ (round up to a whole number) x | _____ | _____ |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) : _____

SUBMITTED BY

| | | | | | |
|-------------------|---|--------------------------------------|--------------|-----------|--------------|
| Signature |  | Registration No. (Attorney/Agent) | 42,065 | Telephone | 312-463-5000 |
| Name (Print/Type) | Binal J. Patel | Date | May 26, 2006 | | |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1480, Alexandria, VA 22313-1450.

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TO:
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DATE:
May 26, 2006

FAX NO.:
571-273-8300

TOTAL NO. OF PAGES: (including cover sheet)
17

YOUR REFERENCE NO.:
10/687,290

OUR REFERENCE (C/M) NO.:
011738.00134

RE: Filing of Submission of Corrected Drawings for U.S. Serial No. 10/687,290
Entitled: Control of Treatment Therapy During Start-Up and During Operation of a Medical Device System
Inventors: Osorio, et al.
Our Case No. 011738.00134

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COMMENTS:
RESPONSE

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PATENT
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
(Attorney Docket No. 011738.00134)

In the Application of:)
Ivan Osorio, et al.)
Serial No.: 10/687,290) Group Art Unit: 3762
Filing Date: October 15, 2003) Examiner: Darin Roberts
For: CONTROL OF TREATMENT THERAPY) Confirmation No. 8970
DURING START-UP AND DURING)
OPERATION OF A MEDICAL DEVICE)
SYSTEM)

RESPONSE AND AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This paper is responsive to the Office Action mailed February 27, 2006. The Office Action set a three-month period for response, making this paper due on or before May 30, 2006. The Commissioner is authorized to charge any required fees to Deposit Account No. 19-0733. Reconsideration of the instant application is requested in light of the following:

Amendments to the Claims are reflected in the Listing of Claims, which begins on page 2 of this paper.

Remarks/Arguments begin on page 10 of this paper.

05/30/2006 AKELECH1 00000035 190733 10687290

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